Title of lesson or course: Crisis Intervention Identification Course (CIIC)

Assigned Course Number:

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Approving Authority: **PENDING**

Overview:
CIIC course is a 2-hour course which will consist of the following major blocks of instruction:

1. Determination that mental illness is a primary factor in the incident.
2. Active listening Principles
3. Dispatch of Crisis Intervention-trained (CI-trained) officers to the incident.

Course Goal(s):
Enhance the ability of the participants to identify if mental illness is a primary factor in the call for service, and for dispatch of appropriate SPD resources.

Course Objective(s):
Upon completion of this course, participants will:

1. Identify features and symptoms that indicate mental illness is a primary factor in the incident.
2. Identify Crisis Intervention-trained (CI-trained) officers to dispatch to the incident.
3. Use active listening while communicating with someone in crisis.

Methodology:
Students will be taught using a combination of lecture, handout materials, PowerPoint presentation and an open-discussion period.

Target audience:
The intended audience for the course is all assigned communication employees. .

Class size:
The class size is a maximum size of 20, and a minimum of 5.

Evaluation process:
Instructors will evaluate performance during a review of a written test at the completion of the training.

Logistical information:

Site: Communications training room

Training Equipment:
Student handout materials
PowerPoint presentation
Written test and Answer key

Staffing Requirements:

Instructors: 1
Tactics Cadre Operator role player: 0
Safety Officer: 0

Crisis Intervention Identification Course (CIIC)

Training summary:

Students will arrive at the designated time to the facility. Once the facility is secured, the participants will receive an overview of the training, performance or learning objectives for the training and an introduction to the material.

Training schedule:

The course will be conducted using the following schedule:

-0030-0000 - Instructors on site, set-up materials

0000-0010 - Introduction

0010-0045 - Field Evaluation of persons in crisis

0045-0055 – Identify "CI Trained" personnel to dispatch to an incident

0055-0100 - Break

0100-0120 - Active Listening Principals (MOREPIES)

0120-0135 – Written Test

0135–0200 - Review, Summary or Debrief as appropriate

Crisis Intervention Identification Course (CIIC)

Logistical Information:

Site: Communications Training Room

Training Equipment:
PowerPoint Presentation
PowerPoint Handout

Staffing Requirements:
Instructors: 1
Tactics Cadre Operator role player: 0
Safety Officer: 0

Crisis Intervention Identification Course (CIIC)

Performance/Learning Objectives:

Upon completion of this course, participants will have demonstrated knowledge of the following or be able to perform the following:

1. Determination that mental illness is a primary motivating factor in the incident.

2. Identify Crisis Intervention-trained (CI-trained) officers to dispatch to the incident.

3. Utilize active listening principals while communicating with someone in crisis.

Overview:

In order to complete the performance objectives or learning objectives the students will receive the following training:

1. Field evaluation of a person in crisis

2. Identification of Crisis Intervention trained (CI Trained) officers to dispatch to the incident.

3. Active listening principals (MOREPIES) while communicating with someone in crisis.

Crisis Intervention Identification Course (CIIC)

Interest Introduction:

Why is this training important to them-stories, videos, that make the student want to learn what is being trained

Instructor introductions and credibility as appropriate

Material Introduction:

This training was developed to give communications personnel additional tools for dealing with individuals who are emotionally distressed or are currently suffering from symptoms of mental illness.
In 2012 over 5,000 cases were sent to the Crisis Intervention Unit for additional follow up. This number shows that the frequency at which officers are interacting with individual who are either emotionally distressed or suffering from some sort of mental illness is happening at a much greater frequency.

Additionally, the number of members returning from various overseas deployments for wartime operations is also increasing. Statistics show that multiple deployments to wartime operations dramatically increase the likelihood of members of the armed forces suffering from symptom of Post-Traumatic Stress Disorder (PTSD).

This material was gathered after intensive research as well as field-tested techniques. This curriculum was complied after consulting with partners in mental health field.

- Nobody chooses to develop a mental illness. One in four families is affected.
- Mental illness is a biological illness just like heart disease, cancer of diabetes.
- There is no cure, but many people reach recovery and live full, productive lives.

- Many medication of mental illness create very negative side effects, including kidney and liver disease, diabetes, tardive dyskinesia (involuntary movements of the tongue, lips, face, trunk, and extremities) (Brasic) and death. These factors make medication

compliance very difficult. Suggestions like, "Just take your meds" are viewed as insensitive to how difficult this is.

- People with mental illness experience a high level of stigma and social isolation, which inhibits seeking treatment.
- Most people, even in the middle of a mental health crisis, respond positively to kind and patient behavior.

Field evaluation of persons in crisis:

Objective: Identify common observable signs and symptoms of a person suffering from mental illness.

What specific OBJECTIVE evidence is present to assist in reaching a conclusion that a person is in crisis or suffering from a mental illness?

Diagnosis is defined as a cluster of symptoms.

Schizophrenia - Symptoms of schizophrenia typically begin between adolescence and early adulthood for males and a few years later for females, and usually as a result of a stressful period (such as beginning college or starting a first full time job). Initial symptoms may include delusions and hallucinations, disorganized behavior and/or speech. As the disorder progresses symptoms such as flattening or inappropriate affect may develop.

- Odd behavior
- Poor eye contact, flat affect
- Disorganized speech, non-sensical statements
- The individual appears to be responding to internal stimuli
- The individual makes odd statement of has a fixed unrealistic belief in something
- Paranoia, persecutory statements

Bi-polar Disorder - Bipolar I: For a diagnosis of Bipolar I disorder, a person must have at least one manic episode. Mania is sometimes referred to as the other extreme to depression. Mania is an intense high where the person feels euphoric, almost indestructible in areas such as personal finances, business dealings, or relationships. Mania is also experienced as a terrifying loss of control, because of

the extended sleeplessness and also due to some individuals experiencing psychosis. Individuals may have an elevated self-esteem, be more talkative than usual, have flight of ideas, a reduced need for sleep, and be easily distracted. The high, although it may sound appealing, will often lead to severe difficulties in these areas, such as spending much more money than intended, making extremely rash business and personal decisions, involvement in dangerous sexual behavior, and/or the use of drugs or alcohol. Depression is often experienced as the high quickly fades and as the consequences of their activities becomes apparent, the depressive episode can be exacerbated.

Bipolar II: Similar to Bipolar I Disorder, there are periods of highs as described above and often followed by periods of depression. Bipolar II Disorder, however is different in that the highs are hypo manic, rather than manic. In other words, they have similar symptoms but they are not severe enough to cause marked impairment in social or occupational functioning and typically do not require hospitalization in order to assure the safety of the person.

Depression - Symptoms of depression include the following:

- depressed mood (such as feelings of sadness or emptiness)
- reduced interest in activities that used to be enjoyed, sleep disturbances (either not being able to sleep well or sleeping to much)
- loss of energy or a significant reduction in energy level
- difficulty concentrating, holding a conversation, paying attention, or making decisions that used to be made fairly easily
- Suicidal thoughts or intentions.

PTSD - Post-traumatic Stress Disorder (PTSD)

Symptoms include re-experiencing the trauma through nightmares, obsessive thoughts, and flashbacks (feeling as if you are actually in the traumatic situation again). There is an avoidance component as well, where the individual avoids situations, people, and/or objects which remind him or her about the traumatic event (e.g., a person experiencing PTSD after a serious car accident might avoid driving or being a passenger in a car). Finally, there is increased anxiety in general, possibly with a heightened startle response (e.g., very jumpy, startle easy by noises).

- Symptoms include re-experiencing the trauma through:
- Disturbing dreams or nightmares, distressing and intrusive memories
- Flashbacks (sensory re-experiencing of trauma)
- Dissociation
- Panic / Distress / physiological reaction upon exposure to trauma triggers
- Difficulty sleeping
- Anger, difficulty concentrating, hyper-vigilant, paranoid, avoidance / emotional numbing
- Exaggerated startle response
- Diminished interest in activities, isolating, alienating from others, flat affect, depression
- Sense of foreshortened future
- Substance abuse

Acute Stress Disorder –

Symptoms include dissociative symptoms such as numbing, detachment, a reduction in awareness of the surroundings, de-realization, or depersonalization; re-experiencing of the trauma, avoidance of associated stimuli, and significant anxiety, including irritability, poor concentration, difficulty sleeping, and restlessness. The symptoms must be present for a minimum of two days and a maximum of four weeks and must occur within four weeks of the traumatic event for a diagnosis to be made.

-numbing

-detachment

-a reduction in awareness of the surroundings, de-realization, or depersonalization

-re-experiencing of the trauma

-avoidance of associated stimuli

-significant anxiety

-including irritability

-poor concentration

-difficulty sleeping and restlessness.

Borderline Personality Disorder –

The major symptoms of this disorder revolve around unstable relationships, poor or negative sense of self, inconsistent moods, and significant impulsivity. There is an intense fear of abandonment with this disorder that interferes with many aspects if the individual's life. This fear often acts as a self-fulfilling prophecy as they cling to others, are very needy, feel helpless, and become overly involved and immediately attached. When the fear of abandonment becomes overwhelming, they will often push others out of their life as if trying to avoid getting rejected. The cycle most often continues as the individual will then try everything to get people back in his or her life and once again becomes clingy, needy, and helpless.

The fact that people often do leave someone who exhibits this behavior only proves to support their distorted belief that they are insignificant, worthless, and unloved. *At this point in the cycle, the individual may exhibit self-harming behaviors such as suicide attempts, mock suicidal attempts (where the goal is to get rescued and lure others back into the individual's life), cutting or other self-mutilating behavior.* There is often intense and sudden anger involved, directed both at self and others, as well a difficulty controlling destructive behaviors

- Cutting, scratching, or pinching skin enough to cause bleeding or a mark that remains on the skin
- Banging or punching objects to the point of bleeding
- Ripping and tearing skin
- Carving words or patterns into skin
- Burning self with cigarettes, matches, hot water
- Pulling out hair
- Overdosing on medication but it was NOT meant as a suicide attempt
- Attention seeking behavior
- Dramatic behaviors
- Individual seems to be overly involved in others

Psychotic Disorders – Experiencing pervasive and detailed hallucinations (hearing, smelling, and seeing) and fixed delusions ("People are conducting experiments with my cerebral spinal fluid"). (All Psych Online)

Three (3) main types of causes

Biologically Induced- The exact cause of psychotic disorders is not known, but researchers believe that many factors may play a role. Some psychotic disorders tend to run in families, suggesting that the tendency, or likelihood, to develop the disorder may be inherited. Environmental factors may also play a role in their development, including stress, drug abuse and major life changes.

Medically Induced- Hallucinations, delusions, or other symptoms may be the result of another illness that affects brain function, such as a head injury or brain tumor.

Substance Induced- This condition is caused by the use of or withdrawal from some substances, such as alcohol and crack cocaine, that may cause hallucinations, delusions, or confused speech. (Medicine Net)

Identification of Crisis Intervention trained (CI Trained) officers

When an incident is received by call takers a quick evaluation should be conducted to determine if a CIT (or "CI-trained") officer should be dispatched. A CI-trained officer has additional training in how to identify and communicate with a person in crisis. The type of crisis does not matter. A CI-trained officer can assist with individuals who are suffering from symptomatic behavior associated with a diagnosed (or undiagnosed) mental illness or an individual without a diagnosis who is suffering from a large amount of life stressors.

If an officer has attended the WSCJTC 40-hour CIT course, it will be listed in the "Skills" section of their CAD sign in.

Active listening principals (MOREPIES)

M - Minimal Encouragers - Small verbal statement to acknowledge that you are hearing what they the individual is saying and you are ready for the next piece of information.

"Uh-huh, Yeah, Sure"

O – Open-Ended Questions - Asking open ended questions which require more that a one or two word response forces the individual to elaborate in their answers forcing them to access their cognitive (forebrain) thought process.

"What brought us here today? How did that make you feel? Then what happened?"

R – Reflecting / Mirroring - A quick re-cap of what the individual had just said to show that you were listening to what he / she is communicating.

"I lost my job and I don't feel like living anymore. You lost your job and you don't feel like living anymore."

E – Emotional Labeling - Labeling the emotions that the individual is expressing with non-verbal cues or what he / she are verbally communicating.

"I have been working at the plant for 10 years and then they just up and fire me!?"
"You're angry that they fired you."

P – Paraphrasing - Like reflecting / mirroring but a condensed version of what is being communicated. This is best used at the end of a long monologue.

"I lost my job, my partner left me, I am out of money and I don't feel like living anymore."
" What I hear you saying is that you lost your job, partner, money and you don't feel like living anymore."

I – Use of "I" Statements - Use of "I" Statements can be an excellent way to establish boundaries when dealing with someone in crisis.

"I can listen to you when you stop yelling."
"I can talk to you when you put down the stick."
"I am trying to understand you but it is difficult when you won't communicate with me."

E - Effective Pauses - Effective pauses can be used as a tool to enforce boundaries that have been established, or to prompt an individual in crisis to start talking. Natural speech patterns in a conversation have "back and forth" which require input from all parties. When one of the parties stops communicating it places pressure on the other party to continue talking to ease the tension.

S – Summary - This is used as a way to re-communicate the situation, as he / she had explained it, to show that you are listening to what they have to say.

Reflecting / Mirroring + Paraphrasing

Crisis Intervention Identification Course (CIIC)

Written Test:

Administer the 10 question multiple choice test on presented materials. Allow 15 minutes for student completion.

Review:

1. Review of Performance Objectives of Class

    1) Determination that mental illness is a primary motivating factor in the incident.

    2) Identify Crisis Intervention trained (CI Trained) officers to dispatch to the incident.

    3) Utilize active listening principals while communicating with someone in crisis.

2. Review of class in high points that achieved the performance objectives

3. Officer contact information for student follow-up

Debrief: